

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/558436

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5	2					
6		1				
7		1				
8		1				
9		1				
10		1				
11		2				
12	2					
13	2					
14	2					
15	2					
16		1				
17		1				
18		1				
19		1				
20		2				
21	2					
22		1				
23		1				
24		1				
25		1				
26		1				
27		2				
28		2				
29		2				
30		2				
31		2				
32	1					
33	1					
34	1					
35	2					
36	2					
37	2					
38	2					
39		1				
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.			↓	↓	↓	
TOTAL DEP.	↔		↔	↔	↔	
TOTAL CLAIMS		████████		████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		2				
58		2				
59		2				
60		2				
61		2				
62		2				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		2				
71		2				
72		2				
73		2				
74		2				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		2				
83		2				
84		2				
85		2				
86		2				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.	8		↓	↓	↓	
TOTAL DEP.	114	↔	↔	↔	↔	
TOTAL CLAIMS	122	████████		████████		████████